

**Private Referral Form**

**Mr Charles Dohvoma BDS, FFDRCS(Oral Surg). Consultant Oral Surgeon**  
**Honorary Consultant Dept of OMFS University Hospital Aintree Liverpool**

**To: Oral & Facial Surgery Clinic** Hospital Number.....  
**Nobles Hospital**  
**Strang**  
**IM4 4RJ**

**Tel: 650231/460121** Alternatively email referral to: **orofacial@aol.com**

**MR / MRS / MISS / MS (SURNAME)** .....

**FORENAME (S)** ..... **Date of birth** .....

**ADDRESS**.....

..... **Post code** .....

**TEL: HOME** .....**MOBILE** .....

**email:**..... **URGENT**  **ROUTINE**

**PRESENTING COMPLAINT:** .....

.....

**OPT TAKEN AT NOBLES IN PACS** **YES**  **NO**

**DIGITAL RADIOGRAPHS SENT TO PACS?** **YES**  **NO**

**DIAGNOSIS / REASON FOR REFERRAL:** .....

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**RELEVANT MEDICAL HISTORY:** .....

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**Practitioner's name:** .....

Practice address/stamp:

**Signature of GDP / GP** .....

**Date of referral** .....